EXHIBIT C
Medical File of Timothy B. Edwards

Physician's Orders

Southern Health Partners, Inc.

Inmate Name: Edwards Timothy
SS#: 421154987
DOB: 8-20-78
Allergies: NKA

Facility
Covington County Jail

Date: 3-27-06
① Robaxin 750mg BID x 10 days
② IBU 800mg BID x 10 days
tx. per Dr. McWhorter [illegible]
M.D. Sig: [illegible]

Date:

M.D. Sig:

Date:

M.D. Sig:

Date:

M.D. Sig:

Date:

M.D. Sig:

Date:

M.D. Sig:

Date:

M.D. Sig:

Date:

M.D. Sig:

...INMATE: Please complete the top half of ... Sick Call Slip and return it to the ... officer and/or medical staff ... admission and review by the medical staff ... seen by the appropriate medical staff member. The medical staff will arrange for you ... this facility. You will be charged in accordance with the medical co-pay sy...

received 3/25/06

Today's Date: 3-24-06 Pod/Location: A Cell: [illegible] ID: [illegible]

Inmate's Full Name: [illegible]

Complaint/Problem: [illegible] ... breathe ... [illegible]

How long have you had this problem? [illegible]

Inmate's Signature: [illegible] Date: [illegible]

....

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 97.8 Resp 16 Pulse 74 B/P 132/56

Instructions/Assessment: Document your findings, inmate's responses/actions (L) [illegible] ... slight [illegible] c/o H/A's - able to open mouth [illegible] c/o ↓ back pain [illegible] hurting only when lying down - c/o (L) hip pain [illegible] ... (R) leg pain ... able to move all extremities + [illegible] ... mild difficulty

☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order

☐ Follow-Up Required? If checked, date to be seen again ________ ________

☐ Chronic Condition

☑ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 3/27/06 Seen by: [illegible]

Place original form in ...

ADMISSION DATA, HISTORY AND PHYSICAL FORM

Exam Date: 4/7/06 S.S.#: 421-15-4987 ID#:

Inmate Name: Edwards (Last) Timothy (First) B (Middle) Date Booked: 3/27/06

Alias: Edwards (Last) Tim (First) (Middle) County: Cov

Address: 1005 Barnes St. (Street) Opp (City) Al. (State) 36467 (Zip)

Telephone: 493-0 Birthdate: 8/20/78 Religion: Baptist

Education Completed: 12th Special Education: Yes. college

Marital Status: (S) M W D Separated Read/Write English: (YES) NO Other: None

Previous Incarcerations: (Facility/Date) Cov. Co. / Florida in March

MEDICAL HISTORY

Notify in Emergency: Johnnie Bell Henderson (Name) Sister (Relationship)

Address: 0 (Street) (City) (State) (Zip) Phone: 493-4911

Health Insurance: 0 (Type of Insurance) (Policy Number)

Family Physician: 0 (Name) (Street Address) (City) (State) (Zip) (Phone Number)

Past Hospitalizations (include surgeries): 0

(Location) (Street Address) (City) (State) (Zip)

Head Injury with Loss of Consciousness: 0 Last Tetanus: 10 yrs. Immunization:

Allergies: NKA

Current Medication(s): 0

MENTAL HEALTH EVALUATION

Hospitalization for Mental Health Reasons: YES (NO) If Yes, Why:

Where: (Location) (Street Address) (City) (State) (Zip) When: (Date)

Psychotropic Meds (Specify type and last dose): 0

Prior Counseling/Out-Patient Treatment for: 0

Where: (Location) (Street Address) (City) (State) (Zip) When: (Date)

Have you ever attempted suicide: NO How: When: (Date)

Have you recently considered committing suicide? NO

Do people consider you a violent person? NO

Have you ever been arrested for a violent crime/sexual offense? (Specify) NO

Street drugs: 0 (Type-Quantity) (How Often) (How Long) Smoker: 0 (How Much) Etoh: 0

Inmate's Signature: Timothy Edwards

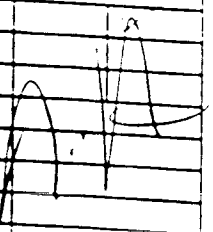
Interviewer's Signature: D. Williams, Jr. Date: 4/7/06

Witness: (if physical is refused): Date: 4/7/06

Date

HISTORY & PHYSICAL ASSESSMENT

Problems	Yes	No	Problems	Yes	No	Problems	Yes	No
Vision		✓	Hypertension		✓	Gonorrhea		✓
Hearing		✓	Anemia		✓	Syphilis		✓
Balance/Dizziness		✓	Blood		✓	Muscle Problem		✓
Blackouts		✓	Stomach Pain		✓	Joint Problem		✓
DT's		✓	Heartburn		✓	Arthritis		✓
Headaches		✓	Ulcer		✓	Other		✓
Seizures		✓	Nausea/Vomiting		✓	Other		
Nervous Disorder		✓	Gall Bladder		✓	Regular Menstrual Period		
Throat		✓	Liver		✓	Irregular Menstrual Period		
Teeth		✓	Hepatitis		✓	# of days Menstrual Period		
Asthma		✓	Diabetes		✓	LMP		
Hay Fever		✓	Kidney Disease		✓	Gravida/Para		
Pneumonia		✓	Bladder Infection		✓	Last Pap		
Tuberculosis		✓	Trouble Voiding		✓	Contraception		
Heart		✓	Pediculi (lice)		✓	Other		



EXAM:

Age 27 Sex M Race B Ht. 61" Wt. 140

Pulse 80 BP 120/80 Temp. 96.8 Resp. 16

Area/Type	N	A/Comment
Skin: Color, Condition, Turgor, Recent Inj.		OK
Head: Glasses, Pupils, Sclera, Conjunctiva, Vision		OK
Ears: Appearance, Canals, Hearing		OK
Mouth: Teeth/Gums, Dentures, Plates, Throat, Tongue, Tonsils		C/O pain has had several extracted
Nose		✓
Neck: Veins, Mobility, Thyroid, Carotids, Lymph nodes		✓

Area/Type	N	A/Comment
Chest (Breasts): Configuration, Auscultation, Respirations, Cough/Sputum		OK
Heart: Auscultation, Radial pulses, Apical pulse, Rhythm		OK
Extremities: Pulses, Edema, Joints		OK
Abdomen: Shape; Palpation; Hernia, Bowel Sounds		OK
Spine		C/O back pain for 5 yrs
Genital/Urinary System		OK

LABORATORY TESTS

	Date & Initial	Results
Was PPD planted and read timely?	DC 4/7/06	0 4-10-06
VDRL / RPR	✓	
Other Lab Tests needed:	✓	
Pregnancy Test?	✓	

MENTAL HEALTH OBSERVATION

	N	A/Comment
Orientation (person, place, time)		X 3
General appearance (motor behavior, mannerisms		Calm / Coop.
Affect (mood)		
Content of thought, history of suicide, present thoughts of suicide		N/A

Physical Examiner's Signature: [signature]

Physician's Signature: [signature] Date: 4/7/06

Date:

Tuberculosis Screening and Treatment

What is Tuberculosis:

Tuberculosis ("TB") is a serious, infectious (transmitted through the air) disease that most commonly affects the lungs. In the lungs, the bacteria destroys elastic lung tissues and is replaced with fibrous connective tissues. The general symptoms of active TB are often subtle, unnoticeable and may include: Fatigue; Weight Loss; Fever; Chills; and Night Sweats. Symptoms of TB in the lungs may include: a persistent cough; chest pain; and coughing up blood. Although TB is preventable and can be cured with proper medication, 5% to 10% of those with active TB will die from the disease. This is usually due to patients not taking their medications correctly or improper drug treatment. TB is usually diagnosed through the use of the Mantoux tuberculin skin test. In this test, a dose of purified protein derived from the Tubercle bacilli, which is non-infectious, is injected into the upper layer of skin on the inside of the forearm. Forty-eight to 72 hours after the injection, the test site is examined. In most cases a hardened area of tissue 10 millimeters or larger is considered an indication of infection with TB, but it is not necessarily an indication of having active TB. Chest x-rays and sputum smears and cultures are used to test for active TB.

There are several high risk groups in the US that are known to have a high rate of TB. They include:

- The homeless;
- Alcoholics;
- The elderly;
- IV drug users
- Prison inmates
- Persons with HIV infections/AIDS

Screening:

Upon consent, all new inmates who are processed into jail, without written proof of receiving TB testing in the past year, will receive purified protein derivative (PPD) during the health screening. A nurse will read the PPD forty-eight (48) to seventy-two (72) hours afterwards and document the results in the patient's medical file. The patient will be instructed during the health screening to the necessity of follow-up medical care, the results (both positive or negative) and treatment which may be necessary.

Treatment:

During the screening, if a patient states he/she is past positive, we will not plant PPD, but will obtain a chest x-ray to see if the tuberculosis is active. When a nurse reads a positive PPD, a chest x-ray will be ordered as per physician protocol. The patient will receive information regarding the test results, symptoms of TB, proposed treatment, and follow-up care, etc.

Should the chest x-ray suggest active TB, the local Health Department, SHP Medical Team Administrator, and SHP corporate office should be notified immediately. Initiating therapy/treatment should begin under the recommendations of the local Health Department and in conjunction with the jail physician. The jail will immediately segregate the patient from general population. All people who have come in contact with the patient will have a skin test. The patient will have restricted movement and visitors in the jail, and will be required to wear a mask at all times during contact with staff and/or other persons, until subsequent tests prove no longer infectious.

All new inmates who are processed into the jail, who are on treatment and deemed not infectious will be housed in general population. If a patient is released from Jail during therapy, the local Health Department will be notified and provided with the patient's release location and/or the patient's last known address.

Consent for Testing/Treatment:

I hereby give my consent for TB testing and/or treatment, if needed. I have read and understand the above information regarding testing and treatment procedures.

Signature: _____ Date: _____

Witness: _____ Date: _____

Covington County Sheriff Printed: Wed Mar 22,2006	MEDICAL SCREENING FORM TIMOTHY B EDWARDS (S421154987)	Booking Number 200010137 Booking Date MARCH 22nd, 2006

ADMISSION OBSERVATIONS

Is inmate conscious? (Y) N	Is inmate capable of responding? (Y) N	Can inmate walk on own.? (Y) N
Any difficulty breathing? Y (N)	Is inmate hostile/aggressive? Y (N)	Any visible signs of trauma, bleeding, wounds or illness? Y (N)
Did arrest result in injury? Y (N)	Any fever, swollen lymph nodes, or jaundice? Y (N)	Is skin in good condition and free of vermin? (Y) N
Is inmate under obvious influence of alcohol? Y (N)	Is inmate under obvious influence of drugs? Y (N)	Any visible signs of alconol or drug withdrawal symptons? Y (N)
Does inmate suggest risk of suicide? Y (N)	Do you consider inmate an escape risk? Y (N)	

Observations

SUBJECT SEEM TO BE FINE AT TIME OF INTAKE

INMATE QUESTIONNAIRE

HAVE YOU EVER HAD/HAVE ANY OF THE FOLLOWING ILLNESSES OR CONDITIONS?

Hepatitis Y (N)	Heart Disease Y (N)	Mental/Emotional Upset Y (N)
Tuberculosis Y (N)	Hypertension Y (N)	Attempted Suicide Y (N)
Sexually Transmitted Disease Y (N)	Epilepsy/Convulsions Y (N)	Asthma/Emphysema Y (N)
Ulcers Y (N)	Hemophiliac (bleeder) Y (N)	Cancer Y (N)
Kidney Trouble Y (N)	Aids/Exposed to Aids Y (N)	Diabetes Y (N)
DT's Y (N)	Skin Problems Y (N)	Use Insulin Y (N)
Drug Addiction Y (N)	Alcholism Y (N)	Mental Illness Y (N)
Recent Head Injury Y (N)	Coughed/Passed Blood Y (N)	Recent Hospital Patient Y (N)
Recent Treatment Y (N)	Use Needles Y (N)	False Limbs/Teeth Y (N)
Contagious Disease Y (N)	Pregnant/Recent Delivery Y (N)	

Doctors Name and Address

NONE

Health Insurance

NONE

Special Diet

NONE

Prescriptions/Medications

NONE

Drug Allergies

NONE

Descriptions

I have read the above carefully and have answered all questions correctly to the best of my knowledge.

Inmate's Signature Timothy Edwards Date: _____ Time: _____

Officers's Signature _____ Date: _____ Time: _____

CJ040 ST. LOUIS, J.D.

MEDICATION ADMINISTRAT. .N RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
IBU 800 mg Bid x 7 days	A	DD																														
	P	DD																														
Robaxin 750 mg Bid x 7 days	A	DD																														
	P	DD																														

CHARTING FOR 4/1/06 THROUGH 4/30/06

Physician M. Chan

Alt. Physician

Allergies NKA

Telephone No.

Alt. Telephone

Representative

Medical Record No.

Diagnosis

Medicaid Number | Medicare Number | Approved By Doctor:

By: Title: Date:

RESIDENT Edwards, Timothy DOB 8/20/72 Sex M A

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1–31
IBU 800mg BID x 7 days	A	
	P	
Robaxin 750mg BID x 7 days		

CHARTING FOR 3-27-06 THROUGH 3-31-06

Physician Mclnnoltn

Alt. Physician

Allergies NKA

Telephone No.

Alt. Telephone

Rehabilitative Potential

Medical Record No

Diagnosis

Medicaid Number

Medicare Number 421154987

Approved By Doctor:

By:

Title:

Date:

RESIDENT Edwards, Timothy

D.O.B. 8-20-78

Sex M

A

PARTNERS

TB SKIN TEST VERIFICA ON FORM

Prior to administering the TB skin test, please complete the information below. After administering the TB skin test, place this form in a central location for the test to be read within 72 hours. Once all information has been completed, file this completed form in the patient's medical record.

Inmate Name Edwards, Tyrese

#422-23 9681 DOB 10/26/86 Cell # B

(Male) or Female

Date of TB Skin Test 4/2/06 Done by Nurse [illegible]

Previous Positive YES or (NO) Previous Therapy YES or (NO)

TEST TO BE READ WITHIN 72 HOURS – COMPLETE BELOW INFORMATION

Date TB Skin test was read 4/5/06 Done by Nurse W. Williams, LPN

Number mm Neg Referral for Chest X-ray YES or NO Date [illegible]

Comments: ______________________________

RFA